

**Issue Classification**

(Assistant Examiner) (Date)

(Legal Instruments Examiner) (Date

**Son T. Dinh**  
**Primary Examiner**  
(Primary Examiner)

(Date)  
5/1/04

**Total Claims Allowed: 21**

O.G.  
Print Claim(s)

O.G.  
Print: Fla

15☐ Claims renumbered in the same order as presented by applicant.CPA☐ T.D.

□ R.1.47

Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original
	1			31			61			91			121			151
1	2			32			62			92			122			152
2	3			33			63			93			123			153
3	4			34			64			94			124			154
4	5			35			65			95			125			155
7	6			36			66			96			126			156
8	7			37			67			97			127			157
9	8			38			68			98			128			158
10	9			39			69			99			129			159
11	10			40			70			100			130			160
5	11			41			71			101			131			161
6	12			42			72			102			132			162
	13			43			73			103			133			163
12	14			44			74			104			134			164
13	15			45			75			105			135			165
14	16			46			76			106			136			166
15	17			47			77			107			137			167
17	18			48			78			108			138			168
18	19			49			79			109			139			169
19	20			50			80			110			140			170
20	21			51			81			111			141			171
21	22			52			82			112			142			172
16	23			53			83			113			143			173
17	24			54			84			114			144			174
	25			55			85			115			145			175
	26			56			86			116			146			176
	27			57			87			117			147			177
	28			58			88			118			148			178
	29			59			89			119			149			179
	30			60			90			120			150			180